

BUREAU U. S.

FEB 20 1952

RECEIVED

BUREAU V. S.

FEB 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01850

1861

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH o. COUNTY Howard			MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City Rural			c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Elioak						d. STREET ADDRESS Elioak			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) THOMAS FREDERICK BLANEY			First	Middle	Lost	4. DATE OF DEATH	Month	Day	Year
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Jan. 11, 1892	9. AGE (In years lost birthday) 64 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Wash. Sanitary Commission			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Roger Blaney			14. MOTHER'S MAIDEN NAME Barbara Schatz						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 218-14-1007			17. INFORMANT Mrs. T.F. Blaney, Ellicott City, Md.			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocardial failure									INTERVAL BETWEEN ONSET AND DEATH 6 wks
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Arteriosclerotic heart disease									10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) nephrosclerosis with uremia 2 weeks									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from _____		2/21, 1916, to _____		2/27, 1956, that I last saw the deceased alive on _____		2/26, 1956, and that death occurred at 12:30 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state)	
ACTUAL SIGNATURE Charles S. Whitaker, M.D.								DATE SIGNED	
PHYSICIAN'S NAME (Type)									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3-1-56		22c. NAME OF CEMETERY OR CREMATORIAL St. Louis		22d. LOCATION (City, town, or county) Clarksville, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE 2/29/56		24b. REGISTRAR'S SIGNATURE Marie G. Whitaker			

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE DEPARTMENT OF HEALTH - DIVISION OF

CERTIFICATE OF DEATH

NAME	ADDRESS	AGE	SEX
EDWARD J. KELLY	112 1/2 W. 11th Street Milwaukee, Wisconsin	50	Male
DIED AT			
112 1/2 W. 11th Street Milwaukee, Wisconsin			
MANNER OF DEATH			
Natural death			
CAUSE OF DEATH			
Cerebral hemorrhage			
TIME OF DEATH			
10:30 A.M.			
DATE OF DEATH			
March 1, 1956			
TIME OF ISSUANCE			
10:30 A.M.			
APPROVED			
BUREAU OF PUBLIC HEALTH			
MAR 1 1956			
RECEIVED			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01851

CERTIFICATE OF DEATH

1862

Reg. Dist. No. 191

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	MARYLAND LENGTH OF STAY (In this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Howard Ellicott City	
Howard Ellicott City			Maryland Ellicott City		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shafers Convalescing Home	STREET ADDRESS Mayfield				
3. NAME OF DECEASED (Type or Print) IDA M. BROWN			4. DATE OF DEATH Feb. 2, 1956 19		
S. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 12, 1891	9. AGE last birthday 64 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Clerical Work	11. BIRTHPLACE (State or foreign country) Montgomery Co. Md	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lemuel Brown			14. MOTHER'S MAIDEN NAME Annie R. Biggs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS W.C. Brown, Ellicott City, Md	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 491X IMMEDIATE CAUSE (A) <i>Bronchopneumonia</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Biliary Cirrhosis of liver.</i> 1 year					
19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION None		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from..... 1/16, 1956, to 2/1, 1956, that I last saw the deceased alive on 2/1, 1956, and that death occurred at 10:55 A.M. from the causes and on the date stated above. SIGNATURE <i>George E. Bryant</i> M.D. ADDRESS (Street, city, town, state) <i>Ellicott City, Md.</i> DATE SIGNED <i>2/3/56</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-5-1956	NAME OF CEMETERY OR CREMATORIAL Mt. View	LOCATION (City, town, or county) Alpha, Md.	
24. REC'D BY REGISTRAR DATE 2/5/1956		REGISTRAR'S SIGNATURE <i>John B. Loughran.</i> Pra. B.E.R.	25. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md.		

RECEIVED BY THE STATE OF CALIFORNIA

CERTIFICATE OF DEATH

DEATH CERTIFICATE

NAME AND ADDRESS OF DECEASED

DEATH DATE

DEATH PLACE

DEATH

DEATH CERTIFICATE

DEATH DATE

DEATH

DEATH

BUREAU V S

FEB 8 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01852

1863 CERTIFICATE OF DEATH

Reg. Dist. No.

195

1. PLACE OF DEATH COUNTY HOWARD		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN SAVAGE		LENGTH OF STAY (in this place) 20 yrs.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 WASHINGTON ST		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME		
3. NAME OF DECEASED (Type or Print) MINNIE KEITH CONNER		4. DATE OF DEATH FEB 27 1956		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9 AUGUST 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Thomas FRANKLIN PIERCE		14. MOTHER'S MAIDEN NAME CAMILLA FINKS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT AND ADDRESS MRS. FRANK BARNES - SCAFFESVILLE MD.		18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1547 Immediate cause (a) GENERALIZED CARCINOMATOSIS Antecedent cause(s) (b) CARCINOMA OF RECTUM Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION OCTOBER 1954 generalized Metastasis over abdomen. 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		
TIME (Month) OF INJURY	(Day)	(Year)	(Hour) m. While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from JAN 3, 1955 , to Feb 27, 1956 , that I last saw the deceased alive on Feb 27, 1956 , and that death occurred at 8 AM , from the causes and on the date stated above. SIGNATURE <i>John Buell MD</i> ADDRESS 402 Main St Laurel Md. DATE SIGNED 27 Feb 1956				
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 1956	NAME OF CEMETERY OR CREMATORIAL Harrison Cemetery	LOCATION (City, town, or county) Toms Brook, Virginia
DATE REC'D BY LOCAL REG. Mar 1 - 1956 Frank Shigley		REGISTRAR'S SIGNATURE Frank Shigley	24. FUNERAL DIRECTOR ADDRESS DeWitt Danaldson Laurel Md	

1955
1891
1955

BUREAU V.

MAR 6 1956

KLEEN VELVET

MARGIN RESERVED FOR BINDING

THE CORRECT AGE
IS ESPECIALLY IMPORTANT. PHYSICIANS, PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
1864 FOR MEDICAL EXAMINERS

01853

Reg. Dist. No. 192

1. PLACE OF DEATH COUNTY Howard		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Ellicott City		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tridelpahia Road		LENGTH OF STAY (In this place)		STREET ADDRESS Woodstock College		(II rural, give location)	
3. NAME OF DECEASED (First) (Type or Print) JOHN WILLIAM ENGLE Jr.		(Middle)		(Last)		4. DATE OF DEATH Feb. 27, 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 11-7-1893	9. AGE last birthday 62 yrs.	10. KIND OF BUSINESS OR INDUSTRY Woodstock College	11. BIRTHPLACE (State or foreign country) Alberton, Md.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John W. Engle		14. MOTHER'S MAIDEN NAME Sophia Lutz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 212-05-4321	
17. INFORMANT AND ADDRESS Reno Engle, Daniels, Md							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 976X							
Immediate cause Gunshot wound of chest		Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (a)				INTERVAL BETWEEN ONSET AND DEATH Instant	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY Home		(CITY OR TOWN) Ellicott City (rural) Howard		(COUNTY) Md	
TIME (Month) (Day) (Year) (Hour) INJURY Feb. 27, 1956 8 P.m.		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? Self Inflicted gun shot		(STATE)	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input checked="" type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
SIGNATURE George E. Higginbotham		(Degree or title) Deputy Medical Examiner for Howard Co.		ADDRESS Ellicott City, Md.		DATE SIGNED 2-27-56	
23. CERIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF March 1, 1956		NAME OF CEMETERY OR CREMATORIAL good Shepherd		LOCATION (City, town, or county) (State) Ellicott City, Md.	
DATE REC'D BY LOCAL REG. 2/29/56		REGISTER'S SIGNATURE Alice H. Hebb		24. FUNERAL DIRECTOR F.C. Higinbotham, Ellicott City, Md.		ADDRESS	

BUREAU Y.

MAR 8 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C I-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01854

1865 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY Baltimore Co. STREET ADDRESS 21 Wyndcrest Ave.
TOWN Ellicott City HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Taylor Manor Hospital	3½ mos	TOWN Catonsville 28, (If rural give location)	03-52
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
Willette MARIE Fitzsimmons		Feb. 18 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov 26, 1909
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME WILLIAM L. COLLIER		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 21 WYNDCREST AVE MILTON FITZSIMMONS CATONSVILLE	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X IMMEDIATE CAUSE (A) Cerebral vascular accident ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive CV Disease GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. et work		21e. INJURY OCCURRED While Not while et work <input type="checkbox"/> et work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 9, 1956, to Feb 18, 1956, that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 1:05 P.M. from the causes and on the date stated above. SIGNATURE <i>Arthur J. McPherson</i> M.D. ADDRESS (Street, city, town, state) DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 2/21/56 NAME OF CEMETERY OR CREMATORIUM NEW CATHEDRAL	
24. REC'D BY REGISTRAR DATE Feb. 18, 1956		REGISTRAR'S SIGNATURE John B. Longman Jr.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Castor Jones Catonsville, Md.		B.E.L.	

CERTIFICATE OF DESIGN

S. U. R E A U

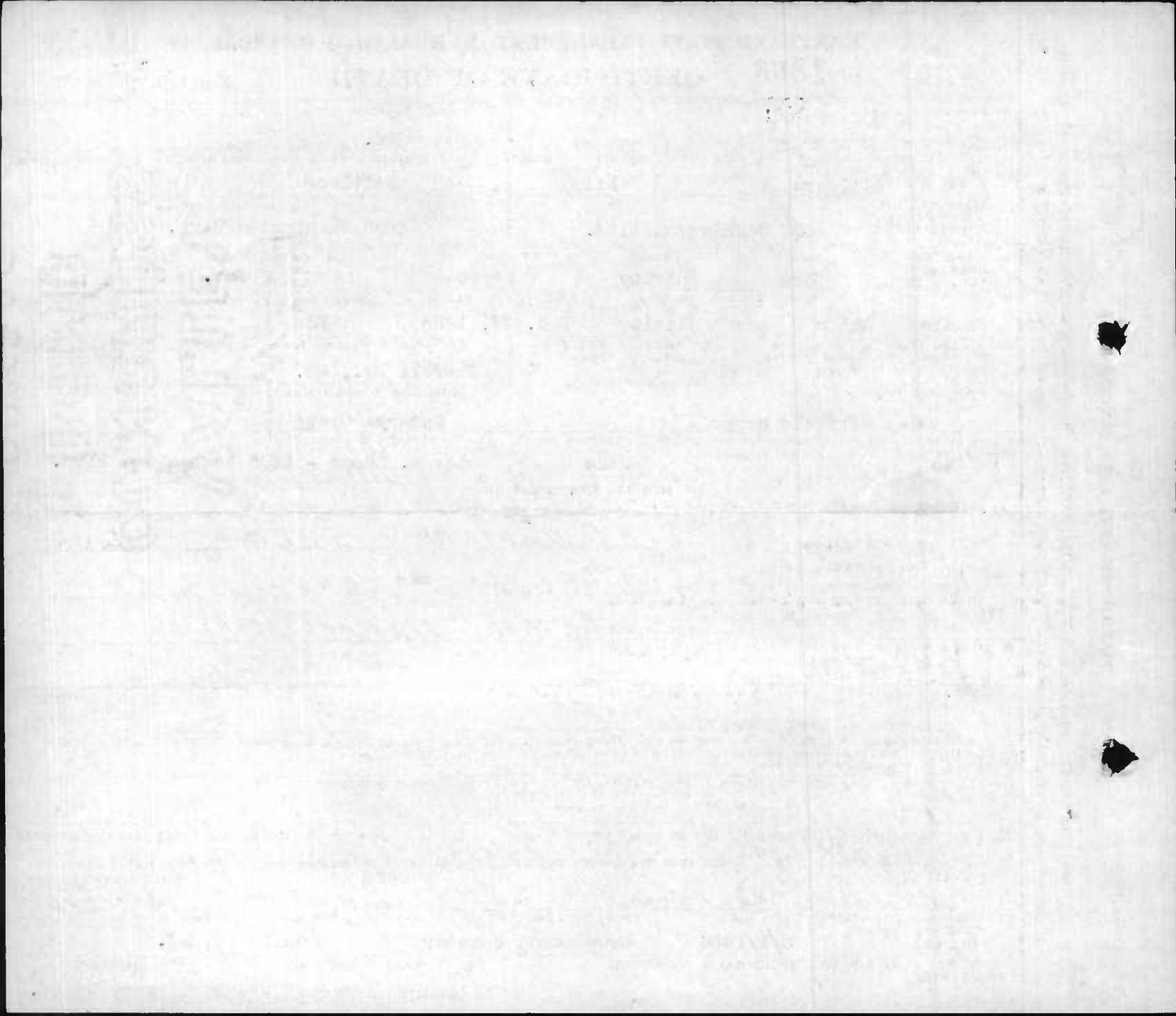
FEB 20 1956

REGELY ED

1866 CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY <i>E. Clarendon Howard</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Baltimore</i> LENGTH OF STAY (in this place) <i>Life</i>			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Baltimore</i> STREET ADDRESS (If rural give location) <i>5608 Washington Blvd.</i>			
3. NAME OF DECEASED: (First) <i>Vera</i> (Middle) <i>Shirley</i> (Last) <i>Lepo</i>			4. DATE (Month) (Day) (Year) OF DEATH: <i>Feb. 27 1956</i>			
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Single</i>	8. DATE OF BIRTH: <i>Feb. 27, 1933</i>	9. AGE last birthday <i>23</i> IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): <i>Carroll Co., Md.</i>		
13. FATHER'S NAME: <i>Oney Warfield Lepo</i>			12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT & ADDRESS: <i>Oney W. Lepo - 5608 Washington Blvd.</i>		
18. MEDICAL CERTIFICATION I OISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>602X</i> IMMEDIATE CAUSE <i>PULMONARY EDEMA</i> ANTECEDENT CAUSE (S) <i>CARDIAC FAILURE</i> OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>UREMIA, NEPHROLITIASIS</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 YR</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <i>OF INJURY</i>		21C. WHERE OIO (City or town) <i>INJURY OCCUR?</i> (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>JULY</i> , 19 <i>56</i> , to <i>26 Feb</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>26 Feb</i> , 19 <i>56</i> , and that death occurred at <i>7:55 AM</i> , from the causes and on the date stated above. SIGNATURE <i>George E. Haleau</i> ADDRESS <i>E. Clarendon 27, md</i> DATE SIGNED <i>28 Feb 56</i>						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>3/1/1956</i>	NAME OF CEMETERY OR CREMATORIUM <i>Greenmount Cemetery</i>		LOCATION (City, town, or county) (State) <i>Greenmount, Md.</i>		
DATE REC'D BY LOCAL REGISTRAR <i>2-19-56</i>	REGISTRAR'S SIGNATURE <i>✓</i>			24. FUNERAL DIRECTOR <i>Ellsworth Armacost</i> ADDRESS <i>Ellsworth Armacost - 4600 Liberty Rights.</i>		



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**1867 CERTIFICATE OF DEATH**

01856

191

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Howard Ellicott City	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Highland Manor Nursing Home		8638 Belair Road
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Mr. John		(Month) (Day) (Year)	
S. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 18, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tailor		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Mr. John Adam Link		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
		17. INFORMANT & ADDRESS Mr. Raymond C. Link, 1306 Churchill Ave	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <u>Uremia</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <u>Arteriosclerotic Renal Disease</u> , GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Generalized Arteriosclerosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, officia bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 19 55</u> , to <u>Feb. 19 56</u> , that I last saw the deceased alive on <u>2/8/56</u> , and that death occurred at <u>11am</u> , M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) <u>M.D. 5226 Baltimore National Pike</u> DATE SIGNED <u>2/10/56</u> SIGNATURE <u>Aug J. Miller</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF <u>2/11/1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>Holy Redeemer Cemetery</u>	LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>
24. REC'D BY REGISTRAR FEB 14 1956	REGISTRAR'S SIGNATURE <u>John B. Loughren</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck, 5305 Harford Road #14	
DATE <u>FEB 14 1956</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01857

1868 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Howard Ellicott City	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Waterloo Road	STREET ADDRESS	(If rural give location) Waterloo Road
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) PHILLIP (Middle) LOTZ		(Month) (Day) (Year) Feb. 13, 1956 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 1870
9. AGE last birthday 85 yrs.	10. KIND OF BUSINESS OR INDUSTRY ? ?		11. BIRTHPLACE (State or foreign country) Maryland
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry Lotz		14. MOTHER'S MAIDEN NAME Caroline Repp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes Spanish American		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS Theodore Lotz, Baltimore, Md		18. MEDICAL CERTIFICATION <i>Coronary Thrombosis</i> 1 day	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Arteriosclerotic Vascular Disease</i> 4 years		INTERVAL BETWEEN ONSET AND DEATH	
42.2.1 IMMEDIATE CAUSE (A) _____ ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-12, 1956, to 2-13, 1956 that I last saw the deceased alive on 2-12, 1956, and that death occurred at 8 A.M. from the causes and on the date stated above. SIGNATURE <i>George E. Brugge</i> M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2-16-56	NAME OF CEMETERY OR CREMATORIUM St. Johns Lutheran
24. REC'D BY REGISTRAR DATE Feb. 15, 1956		REGISTRAR'S SIGNATURE John B. Loughran, Jr.	LOCATION (City, town, or county) (State) Pfeifers Corner, Md
25. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbotham, Ellicott City, Md		ADDRESS B.E.L.	

1869 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY

Howard

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

Elkridge

LENGTH OF STAY
(in this place)

days

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md

COUNTY Howard

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN

Elkridge

(If rural give location)

STREET
ADDRESS

1923 St. Augustine

3. NAME OF

(First)
DECEASED:
(Type or Print)

(Middle)

(Last)

6. COLOR OR

RACE:

7. SINGLE, MARRIED,

WIDOWED, DIVORCED.

8. DATE OF BIRTH:

(Specify):

9. AGE last birthday

75

IF UNDER 1 YEAR

Months

Days

10. IF UNDER 24 HRS.

Hours

Min.

Male

white

Married

June 14-1980

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

auditor

10B. KIND OF BUSINESS
OR INDUSTRY:

State of Md

11. BIRTHPLACE (State or foreign country):

Baltimore city

12. CITIZEN OF WHAT

COUNTRY?

13. FATHER'S NAME:

John Henry Shaab

14. MOTHER'S MAIDEN NAME:

mary Cecilia Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unk.)

(If Yes, give war or dates
of service)

no

16. SOCIAL SECURITY NO.

none

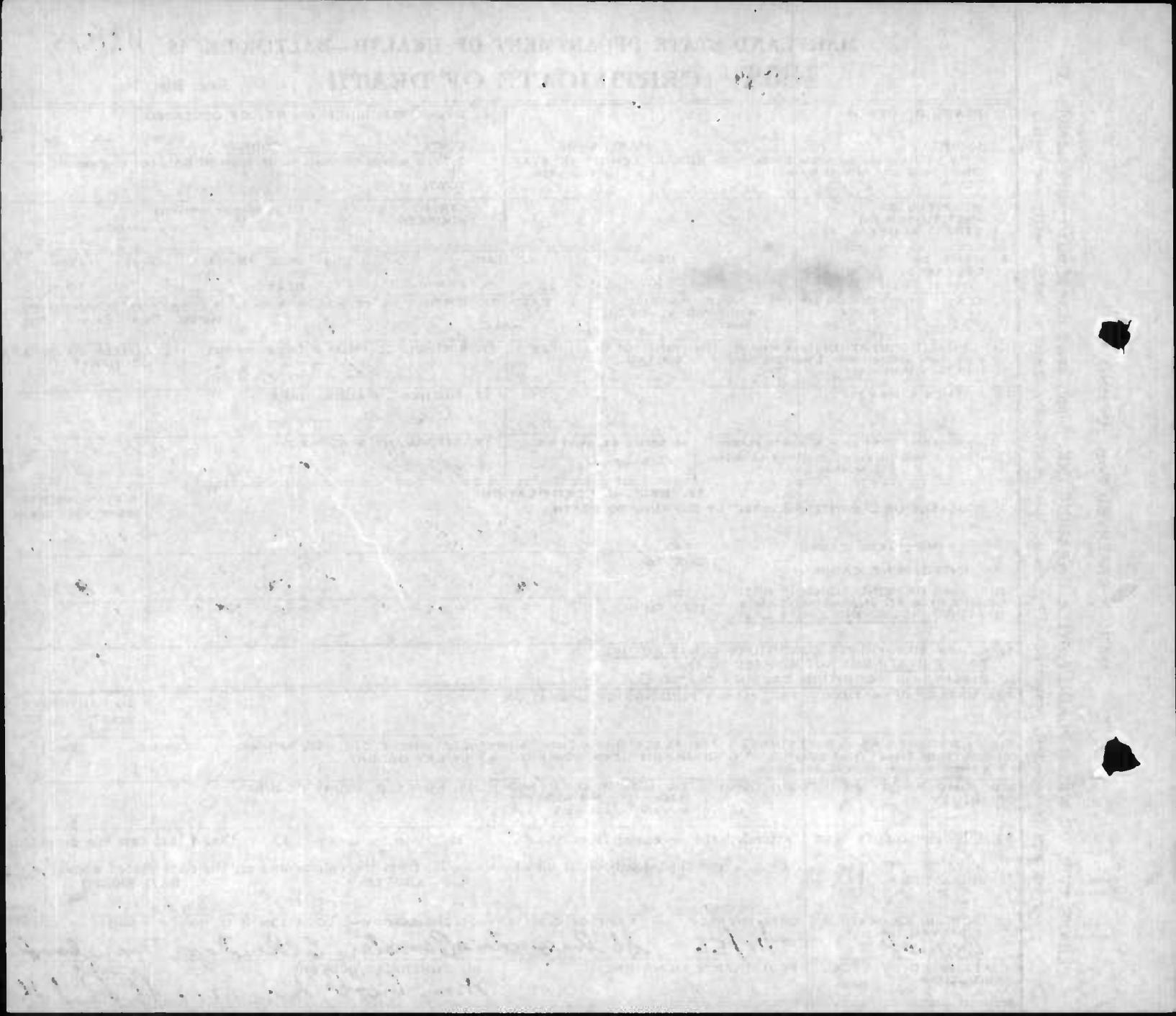
17. INFORMANT & ADDRESS:

my Emily Regina Shaab

1923 St. August

Elkridge

Md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1870 CERTIFICATE OF DEATH

01859

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Howard MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Elkridge (Rural) LENGTH OF STAY
 (in this place)
 HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Lawyers Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Howard
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Elkridge (Rural) STREET ADDRESS
 (If rural give location)
Lawyers Hill Rd

3. NAME OF
DECEASED:
(Type or Print)SEX: Females COLOR OR RACE: white10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic10B. KIND OF BUSINESS OR INDUSTRY: Retired15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) (If Yes, give war or dates of service) no16. SOCIAL SECURITY NO. none

13. FATHER'S NAME:

Lewis Sulchitt Edgar III

14. MOTHER'S MAIDEN NAME:

Harriet Maria Alvord

17. INFORMANT & ADDRESS:

Huberta Warner Box 19 170#4 Elkridge Falls 27 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES NO21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

M.

DATE THEREOF

Burial

NAME OF CEMETERY OR CREMATORIAL

Media Cemetery

LOCATION (City, town, or county)

Media, Pa.

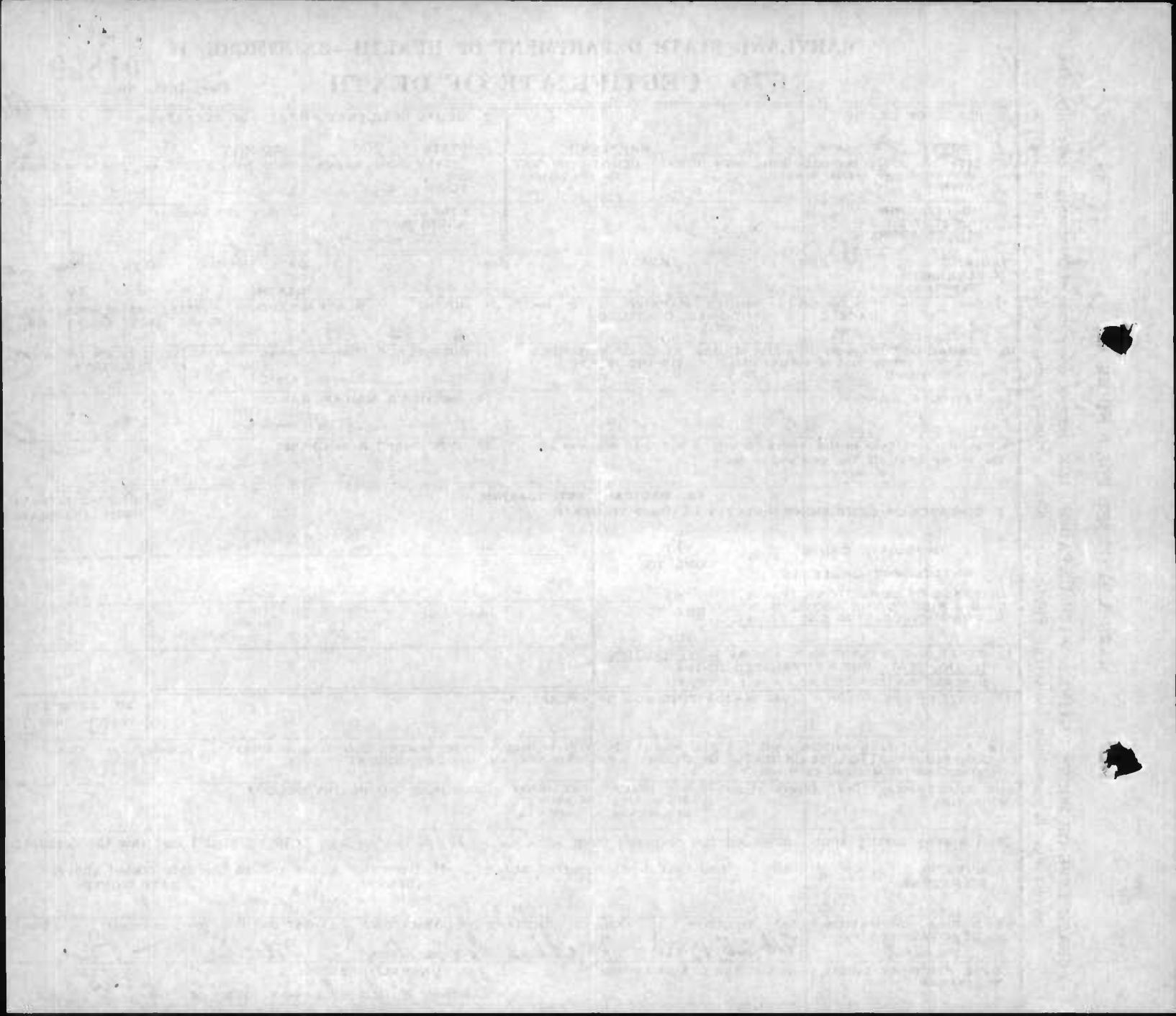
(State)

DATE REC'D BY LOCAL REGISTRAR

Mar 23 1956

REGISTRAR'S SIGNATURE

J. W. Jenkins & Sons Co.4985 York Road



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01860

1871 CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH		Scaggsville, COUNTY Howard		2. USUAL RESIDENCE (HOME) OF DECEASED	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Scaggsville, Rural		MARYLAND LENGTH OF STAY (in this place) years		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville, Laurel, Md. STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)		(First) Hermann	(Middle) Gustav	(Last) Wessel	4. DATE OF DEATH February 3, 1956
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.
Male	White	Married	November 13, 1862	93 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Farmer		Farming		Kersenbruck, Germany	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Unknown		Unknown		U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
No		None		Son: Mr. Herbert Wessel, Laurel, Maryland	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		4231 IMMEDIATE CAUSE (A) Hypo Static Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		Chronic Myocarditis		years	
(C)		Arteriosclerosis		1 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
None				(State)	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
None		M.			
22. I hereby certify that I attended the deceased from..... 12/3/55, to..... 2/3/56, that I last saw the deceased alive on..... 2/3, 1956, and that death occurred at 7:40 A.M. from the causes and on the date stated above. SIGNATURE <i>J. K. Bruce Jr.</i> ADDRESS (Street, city, town, state) M.D. 402 Main St., Laurel, Md. DATE SIGNED 2/3/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)
Burial		Feb. 5, 1956	St. Paul's Cemetery		Fulton, Maryland
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS
DATE 2/8/56		Mank Shigley	R. H. Rossiter, Laurel, Md.		

